

Coliform Analysis Report Form Certified Lab No. 17541

Lake County Environmental Laboratory - Public Works

Facility No.:		097-0280				Date/Time in Lab: 2/(// 8 e /3) 3 d									
Facility Name:		Brooks Farm			Date/Time Analyzed: 2/6(18 @ /41								-57		
Camping renear			212812	/2018 Date Completed: 2/7/8											
Group No.: 3						4	An	alyst's S	Signatu	ıre:	0	NE			
Chlorine Exempt Supply: YES] NO									
		SAMPLES	MUST F	REACH LA	ABORAT	ORY WIT	HIN 30 H	OURS AF	TER COL	LECTION	1				
Mail Water Supply Copy To:					Date Collected: 2/6/2018										
					Sample Collector: Chase Tincher										
LAKE COUNTY DEPARTMENT OF PUBLIC WORKS						Sample Purpose: x Routine									
650 WINCHESTER ROAD						New Construction Permit No. FY									
LIBERTYVILLE, IL 60048						Replacement Boil Order Other									
Contact Person for Unsatisfactory Results:						Invalid Sample Repeat Sample									
Name: Austin McFarlane Phone: 1-847-377-7500						Original Sample Lab NoOriginal Sample Lab No.									
Email: amcfarlane@lakecountyil.gov					Original Sample Lab No.										
		Method:	MFT Colilert												
Colifor	m Sampling														
Bottle No.		e Site Number or ples include Sample			Sample Type	Time Collected	Total Res. Cl	Free Chlorine	Col Read	Total Coli	E. Coli	Opinion	Lab	Number	
1		C - 25874 Steeple		x / (dd/000)	D	10:54	2 - 1	0.22	ricad	A	A	5	18360	18-01	
2	C2	C2D - 34148 Needlegrass			D	10:44	1.47	0.23		A	A	5	1 13004		
3	WL01215			R	11:32	_	_		A	A	5	181300			
4	WL01216			R						10.00					
5	Tap 01			F	11:16	1.39	0.25		A	A	5	1813004	8-04		
											,				
						"A" indicates the a total coliform and the sampl					d E.coli in				
Relinquished By:					Received By:				Date/Time: 26/18 @ 13:34						
Person Notified: Date Notified: Time Notified: Date Notified: No. Bottles						Sent:				Reason for Replacement: Sample More Than 30 Hours Old No Date/Time					
	Time Notified: No. Bottles Sent: Remarks: BSB0097														
													S	L - 4/12 - Rev: 04	